STATE OF NEVADA BOARD OF MEDICAL EXAMINERS

APPLICATION FOR PERFUSIONIST LICENSURE INSTRUCTIONS

ONLY original applications for licensure sent from The Nevada State Board of Medical Examiners or downloaded online applications will be accepted. Any applications which appear to have been altered in any form will not be accepted. Applications must be received on single sided white bond paper, 8 ½" x 11" in size. Pages 1 through 4 of the application for licensure received from any source other than the Nevada State Board of Medical Examiners will be rejected. The completion of ALL items of this application for licensure is mandatory. Failure to provide any of the requested information will result in the application not being processed or being rejected as incomplete. APPLICATIONS NOT COMPLETED WITHIN SIX (6) MONTHS FROM DATE OF RECEIPT BY THE BOARD, WILL BE REJECTED per NAC 630.180(2). Information provided will be used for identification and to determine qualification for licensure under Nevada Revised Statutes, Chapter 630, which authorizes the collection of this information.

The application and Form A are to be completed by the <u>applicant</u>, notarized as indicated, and returned to the Nevada State Board of Medical Examiners.

<u>NOTE</u>: The application must be either typed or legibly handwritten (illegible or incomplete applications will be returned). The application MUST also be signed under oath before a notary. The Nevada State Board of Medical Examiners conducts its own independent investigation into the background of each applicant. *Any false, fraudulent, misleading, inaccurate or incomplete answer on the application IS GROUNDS FOR DENIAL OF LICENSURE*.

All forms and documents that are required to be sent to agencies or individuals for their completion, must be separated and mailed individually to the agencies or individuals responsible for their completion for return directly to the office of the Nevada State Board of Medical Examiners. Please do not provide the sending agency/individual with a return envelope, as the required documentation **MUST** come to the Nevada State Board of Medical Examiners in the agency's/individual's envelope. **Verifying documentation cannot be accepted if received directly from the applicant.** Photocopies of required documentation and information are not acceptable. It is the responsibility of the applicant to ensure that the completed forms are promptly returned to the Nevada State Board of Medical Examiners. If additional forms are needed, the applicant may photocopy the individual forms.

PLEASE BE ADVISED:

- 1) DENIAL OF LICENSURE: Nevada Revised Statutes, Sections 630.301 through 630.3065, set out the grounds for denial of licensure. Enclosed are copies of these sections for your review.
- 2) PERSONAL APPEARANCE BEFORE THE BOARD FOR ACCEPTANCE OF AN APPLICATION FOR LICENSURE:
 - a. MAY BE REQUIRED if the applicant has in any way ever been involved in any malpractice awards, judgments, settlements, etc. in any amount; or
 - b. MAY BE REQUIRED if questions 8, 9, 10, 11, 12, 13, 14, 14a, 15, 16, 22, 23, 24, 25, 26 and 27 are answered in the affirmative ("Yes").

OR

Any "YES" response to questions numbered 8, 9, 10, 11, 12, 13, 14, 14a, 15, 16, 22, 23, 24, 25, 26 and 27 must include a detailed explanation and be submitted along with the application, including any charges, dates of such charges, the complete name and address of all bodies of jurisdiction, the results of any hearings, if any, and the disposition of such charges. ALL EXPLANATIONS MUST BE SIGNED AND DATED BY THE APPLICANT AND SUBMITTED ON SEPARATE SHEETS ATTACHED TO THE APPLICATION.

FEES ARE TO BE PAID BY MONEY ORDER OR CASHIER'S CHECK AT THE TIME THE APPLICATION IS SUBMITTED. PERSONAL CHECKS WILL NOT BE ACCEPTED. See fees on enclosed application checklist. Application fees are non-refundable.

Please submit the completed application and Form A, along with all required fees, to:

Nevada State Board of Medical Examiners P.O. Box 7238 Reno, NV 89510 (775) 688-2559 Nevada State Board of Medical Examiners 1105 Terminal Way, Ste. 301 Reno, NV 89502

There are NO waivers or exceptions to the requirements for perfusionist licensure in the state of Nevada.

(as of 3/26/2010)

PERFUSIONIST APPLICATION CHECKLIST

TO BE RETURNED DIRECTLY TO BOARD OFFICE BY APPLICANT:

a.	Properly completed, signed and notarized application, pages 1 – 4, including Applicant Responsibility Statement;
b.	Recent photo taken within the past 60 days, (at least 2"x 2") attached to application, signed in ink on lower edge of photograph;
C.	Written explanation(s) attached for all affirmative responses to questions numbered 8, 9, 10, 11, 12, 12a, 13, 13a, 14, 15, 16, 22, 23, 24, 25 and 26;
d.	Release form - signed and notarized (Form A);
e.	Form B – if you have answered affirmatively to question #12 or #12a on the application;
f.	U.S. born citizens - Certified copy of Birth Certificate that bears an original seal or stamp of the issuing agency (notarized copies are not acceptable);
g.	Foreign-born citizens - Original Certificate of Naturalization or current U.S. Passport;
h.	Non U.S. Citizens - Copy of both sides of alien registration card, employment authorization card or Visa;
i.	\$300 application fee and \$400 registration fee (covering fees thru June 30, 2011) payable by cashier's check or money order only;
j.	Copy of high school transcripts or diploma;
	TO BE SOLICITED BY APPLICANT FOR DIRECT RETURN TO BOARD OFFICE: (Verifying agencies may charge a fee.)
a.	Current certification by the American Board of Cardiovascular Perfusion (Form 1);
b.	Verification of completion of accredited perfusionist program (Form 2) including transcripts, if trained on the job (grandfathered into your position as a Perfusionist), please provide copies of supporting documentation or certificates which so indicate. If no such document(s) exist, provide a notarized statement indicating your training experience (who, what, where, when, why);
C.	Verification of licensure/certification from ALL states where applicant is currently licensed/certified or has ever been licensed/certified (Form 3);
d.	Form 4 – if you have answered affirmatively to question #12 or #13 on the application, which should include a loss history report;
e.	College transcripts from any school where you obtained any education or training related to perfusionist practice and / or obtained an Associates, Bachelors, Masters or perfusion degree.

Nevada Revised Statutes – Perfusionist Licensure

- I. "Perfusion" means the performance of functions which are necessary to provide for the support, treatment, measurement or supplementation of a patient's cardiovascular, circulatory or respiratory system or other organs, or any combination of those activities, and to ensure the safe management of the patient's physiological functions by monitoring and analyzing the parameters of the patient's systems or organs under the order and supervision of a physician.
 - (a) The term includes, without limitation:
 - 1. The use of extracorporeal circulation and any associated therapeutic and diagnostic technologies; and
 - 2. The use of long-term cardiopulmonary support techniques.
 - (b) As used in this section, "extracorporeal circulation" means the diversion of a patient's blood through a heart-lung bypass machine or a similar device that assumes the functions of the patient's heart, lungs, kidney, liver or other organs.
- II. "Perfusionist" means a person who is licensed to practice perfusion by the Board.
- III. "Temporarily licensed perfusionist" means a person temporarily licensed to practice perfusion by the Board.
- IV. To be eligible for licensing by the Board as a perfusionist, an applicant must:
 - (a) Be a natural person of good moral character;
 - (b) Submit a completed application as required by the Board;
 - (c) Submit any required fees;
 - (d) Have successfully completed a perfusion education program approved by the Board, which must:
 - (1) Have been approved by the Committee on Allied Health Education and Accreditation of the American Medical Association before June 1, 1994; or
 - (2) Be a program that has educational standards that are at least as stringent as those established by the Accreditation Committee-Perfusion Education and approved by the Commission of Accreditation of Allied Health Education Programs of the American Medical Association, or its successor;
 - (e) Pass an examination required by the Board; and
 - (f) Comply with any other requirements set by the Board.
- V. The Board uses the certification examinations given by the American Board of Cardiovascular Perfusion, or its successor in determining the qualifications for granting a license to practice perfusion.
- VI. The Board shall waive the examination required pursuant to paragraph V, for an applicant who at the time of application:
 - (a) Is licensed as a perfusionist in another state, territory or possession of the United States, if the requirements for licensure are substantially similar to those required by the Board; or
 - (b) Holds a current certificate as a certified clinical perfusionist issued by the American Board of Cardiovascular Perfusion or its successor before October 1, 2009.
- VII. The Board shall issue a license as a perfusionist to each applicant who proves to the satisfaction of the Board that the applicant is qualified for licensure. The license authorizes the applicant to represent himself as a licensed perfusionist and to practice perfusion in the State of Nevada subject to the conditions and limitations of this chapter.
 - (a) Each licensed perfusionist shall:
 - (1) Display his current license in a location which is accessible to the public;
 - (2) Keep a copy of his current license on file at any health care facility where he provides services; and
 - (3) Notify the Board of any change of address in accordance with NRS 630.254.
 - (b). As used in this section, "health care facility" means a medical facility or facility for the dependent licensed pursuant to chapter 449 of NRS.
- VIII. Each perfusionist license issued by the Board expires on July 1 of every odd-numbered year and may be renewed if, before the license expires, the holder of the license submits to the Board:
 - (1) A completed application for renewal on a form prescribed by the Board;
 - (2) Proof of his completion of the requirements for continuing education prescribed by regulations adopted by the Board; and

- (3) The applicable fee for renewal of the license prescribed by the Board.
- (a) A license that expires pursuant to this section not more than 2 years before an application for renewal is made is automatically suspended and may be reinstated only if the applicant complies with the provisions required by the Board;
- (b) If a license has been expired for more than 2 years, a person may not renew or reinstate the license but must apply for a new license and submit to the examination required by the Board.
- (c) The Board shall send a notice of renewal to each licensee not later than 60 days before his license expires. The notice must include the amount of the fee for renewal of the license.
- IX. The Board may issue a temporary license to practice perfusion in this State to a person who has not yet completed the examination required by the Board but who has:
 - (1) Has completed an approved perfusion education program;
 - (2) Files an application; and
 - (3) Pays the required fee.
 - (a) A perfusionist shall supervise and direct a temporarily license perfusionist at all times during which the temporarily licensed perfusionist performs perfusion.
 - (b) A temporary license is valid for 1 year after the date it is issued and may be extended subject to regulation By the Board. The application for renewal must be signed by a supervising licensed perfusionist.
 - (c) If a temporarily license perfusionist fails any portion of the examination, he shall immediately surrender the temporary license to the Board.

THE FOLLOWING MAY CONSTITUTE GROUNDS FOR DENIAL OF LICENSURE, AS SET OUT IN NRS 630.301 THROUGH NRS 630.3065:

NRS 630.301 Criminal offenses; revocation, suspension or other modification of previous license; surrender of previous license while under investigation; malpractice; engaging in sexual activity with patient; disruptive behavior; violating or exploiting trust of patient for financial or personal gain; failure to offer appropriate care with intent to positively influence financial well-being; engaging in disreputable conduct; engaging in sexual contact with surrogate of patient or relatives of patient. The following acts, among others, constitute grounds for initiating disciplinary action or denving licensure:

- 1. Conviction of a felony relating to the practice of medicine or the ability to practice medicine. A plea of nolo contendere is a conviction for the purposes of this subsection.
 - 2. Conviction of violating any of the provisions of NRS 616D.200, 616D.220, 616D.240, 616D.300, 616D.310, or 616D.350 to 616D.440, inclusive.
- 3. The revocation, suspension, modification or limitation of the license to practice any type of medicine by any other jurisdiction or the surrender of the license or discontinuing the practice of medicine while under investigation by any licensing authority, a medical facility, a branch of the Armed Services of the United States, an insurance company, an agency of the Federal Government or an employer.
- 4. Malpractice, which may be evidenced by claims settled against a practitioner, but only if such malpractice is established by a preponderance of the evidence.
 - 5. The engaging by a practitioner in any sexual activity with a patient who is currently being treated by the practitioner.
- 6. Disruptive behavior with physicians, hospital personnel, patients, members of the families of patients or any other persons if the behavior interferes with patient care or has an adverse impact on the quality of care rendered to a patient.
- 7. The engaging in conduct that violates the trust of a patient and exploits the relationship between the physician and the patient for financial or other personal gain.
- 8. The failure to offer appropriate procedures or studies, to protest inappropriate denials by organizations for managed care, to provide necessary services or to refer a patient to an appropriate provider, when such a failure occurs with the intent of positively influencing the financial well-being of the practitioner or an insurer.
- 9. The engaging in conduct that brings the medical profession into disrepute, including, without limitation, conduct that violates any provision of a national code of ethics adopted by the Board by regulation.
- 10. The engaging in sexual contact with the surrogate of a patient or other key persons related to a patient, including, without limitation, a spouse, parent or legal guardian, which exploits the relationship between the physician and the patient in a sexual manner.

(Added to NRS by 1977, 824; A 1981, 590; 1983, 305; 1985, 2236; 1987, 197; 1991, 1070; 1993, 782; 1997, 684; 2001, <u>766</u>; 2003, <u>2707</u>, <u>3433</u>; 2003, 20th Special Session, <u>264</u>, <u>265</u>)

NRS 630.304 Misrepresentation in obtaining or reviewing license; false advertising; practicing under another name; signing blank prescription forms; influencing patient to engage in sexual activity; discouraging second opinion; terminating care without adequate notice. The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:

- 1. Obtaining, maintaining or renewing or attempting to obtain, maintain or renew a license to practice medicine by bribery, fraud or misrepresentation or by any false, misleading, inaccurate or incomplete statement.
 - 2. Advertising the practice of medicine in a false, deceptive or misleading manner.
 - 3. Practicing or attempting to practice medicine under another name.
 - 4. Signing a blank prescription form.
 - 5. Influencing a patient in order to engage in sexual activity with the patient or with others.
 - 6. Attempting directly or indirectly, by way of intimidation, coercion or deception, to obtain or retain a patient or to discourage the use of a second opinion.
 - 7. Terminating the medical care of a patient without adequate notice or without making other arrangements for the continued care of the patient. (Added to NRS by 1983, 301; A 1985, 2236; 1987, 198)

NRS 630.305 Accepting compensation to influence evaluation or treatment; inappropriate division of fees; inappropriate referral to health facility, laboratory or commercial establishment; charging for services not rendered; aiding practice by unlicensed person; delegating responsibility to unqualified person; failing to disclose conflict of interest; failing to initiate performance of community service; exception.

- 1. The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:
- (a) Directly or indirectly receiving from any person, corporation or other business organization any fee, commission, rebate or other form of compensation which is intended or tends to influence the physician's objective evaluation or treatment of a patient.
- (b) Dividing a fee between licensees except where the patient is informed of the division of fees and the division of fees is made in proportion to the services personally performed and the responsibility assumed by each licensee.
- (c) Referring, in violation of NRS 439B.425, a patient to a health facility, medical laboratory or commercial establishment in which the licensee has a financial interest.
 - (d) Charging for visits to the physician's office which did not occur or for services which were not rendered or documented in the records of the patient.
- (e) Aiding, assisting, employing or advising, directly or indirectly, any unlicensed person to engage in the practice of medicine contrary to the provisions of this chapter or the regulations of the Board.
- (f) Delegating responsibility for the care of a patient to a person if the licensee knows, or has reason to know, that the person is not qualified to undertake that responsibility.
 - (g) Failing to disclose to a patient any financial or other conflict of interest.
- (h) Failing to initiate the performance of community service within 1 year after the date the community service is required to begin, if the community service was imposed as a requirement of the licensee's receiving loans or scholarships from the Federal Government or a state or local government for his medical education.
- 2. Nothing in this section prohibits a physician from forming an association or other business relationship with an optometrist pursuant to the provisions of NRS 636.373.

(Added to NRS by 1983, 301; A 1985, 2237; 1987, 198; 1989, 1114; 1991, 2437; 1993, 2302, 2596; 1995, 714, 2562)

THE FOLLOWING MAY CONSTITUTE GROUNDS FOR DENIAL OF LICENSURE, AS SET OUT IN NRS 630.301 THROUGH NRS 630.3065: (Cont.)

NRS 630.306 Inability to practice medicine; deceptive conduct; violation of statute or regulation governing practice of medicine; unlawful distribution of controlled substance; injection of silicone; practice beyond scope of license; practicing experimental medicine without consent of patient; lack of skill or diligence; filing of false report; habitual intoxication; failure to report modification of license in another jurisdiction. The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:

- 1. Inability to practice medicine with reasonable skill and safety because of illness, a mental or physical condition or the use of alcohol, drugs, narcotics or any other substance.
 - 2. Engaging in any conduct:
 - (a) Which is intended to deceive;
 - (b) Which the Board has determined is a violation of the standards of practice established by regulation of the Board; or
 - (c) Which is in violation of a regulation adopted by the State Board of Pharmacy.
- 3. Administering, dispensing or prescribing any controlled substance, or any dangerous drug as defined in <u>chapter 454 of NRS</u>, to or for himself or to others except as authorized by law.
- 4. Performing, assisting or advising the injection of any substance containing liquid silicone into the human body, except for the use of silicone oil to repair a retinal detachment.
- 5. Practicing or offering to practice beyond the scope permitted by law or performing services which the licensee knows or has reason to know that he is not competent to perform.
- 6. Performing, without first obtaining the informed consent of the patient or his family, any procedure or prescribing any therapy which by the current standards of the practice of medicine are experimental.
- 7. Continual failure to exercise the skill or diligence or use the methods ordinarily exercised under the same circumstances by physicians in good standing practicing in the same specialty or field.
 - 8. Making or filing a report which the licensee or applicant knows to be false or failing to file a record or report as required by law or regulation.
 - 9. Failing to comply with the requirements of NRS 630.254
 - 10. Habitual intoxication from alcohol or dependency on controlled substances.
- 11. Failure by a licensee or applicant to report, within 30 days, the revocation, suspension or surrender of his license to practice medicine in another jurisdiction.
 - 12. Failure to be found competent to practice medicine as a result of an examination to determine medical competency pursuant to NRS 630.318. (Added to NRS by 1983, 302; A 1985, 2238; 1987, 199, 800, 1554, 1575)

NRS 630.3062 Failure to maintain proper medical records; altering medical records; making false report; failure to file or obstructing required report; failure to allow inspection and copying of medical records; failure to report other person in violation of chapter or regulations. The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:

- 1. Failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient.
- 2. Altering medical records of a patient.
- 3. Making or filing a report which the licensee knows to be false, failing to file a record or report as required by law or willfully obstructing or inducing another to obstruct such filing.
 - 4. Failure to make the medical records of a patient available for inspection and copying as provided in NRS 629.061.
 - 5. Failure to comply with the requirements of NRS 630.3068.
 - 6. Failure to report any person the licensee knows, or has reason to know, is in violation of the provisions of this chapter or the regulations of the Board. (Added to NRS by 1985, 2223; A 1987, 199; 2001, 767; 2002 Special Session, 19; 2003, 3433)

NRS 630.3065 Willful disclosure of privileged communication; willful failure to comply with statute or regulation governing practice of medicine. The following acts, among others, constitute grounds for initiating disciplinary action or denying licensure:

- 1. Willful disclosure of a communication privileged pursuant to a statute or court order.
- 2. Willful failure to comply with:
- (a) A regulation, subpoena or order of the Board or a committee designated by the Board to investigate a complaint against a physician;
- (b) A court order relating to this chapter; or
- (c) A provision of this chapter.
- 3. Willful failure to perform a statutory or other legal obligation imposed upon a licensed physician, including a violation of the provisions of NRS 439B.410. (Added to NRS by 1983, 302; A 1985, 2238; 1987, 200; 1989, 1663; 1993, 2302)

ATTENTION APPLICANT

COVER SHEET

Please sign and return this statement with your application for licensure to:
The Nevada State Board of Medical Examiners,
P.O. Box 7238, Reno, NV 89510

or 1105 Terminal Way, Ste 301, Reno, NV 89502 (775) 688-2559

Because you are applying for the privilege of practicing medicine in Nevada, you should know that our state has some of the most stringent licensing requirements and comprehensive investigation programs in the United States.

Our licensing specialists are likely to discover if data you have submitted on your application is erroneous or incomplete, or that you have omitted vital information.

Explaining and documenting a problem to your licensing specialist will be much less painful than discussing your honesty before the entire Board of Medical Examiners. This includes a sanction or disciplinary action you may have experienced during medical school or your postgraduate training, or any conflict you may have had with the legal system — even if the charge(s) has been expunged, lessened, or dismissed, and no matter how long ago it occurred the FBI will have your fingerprints on file. This will be discovered.

ONLY YOU — NOT A LAWYER, DOCTOR, SPOUSE, OR CREDENTIALING COMPANY — ARE RESPONSIBLE FOR READING AND ANSWERING EVERY QUESTION ACCURATELY AND COMPLETELY.

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If you have *any* questions about your application, ASK YOUR LICENSING SPECIALIST. Our licensing specialists are here to help you.

I have read this cover sheet and understand that I alone am responsible for completing my application for medical licensure in Nevada.

Print your name

Sign your name

Date

7/1/2009 - 6/30/2011

APPLICATION FOR PERFUSIONIST LICENSURE

Date Received by Board

License No.

NEVADA STATE BOARD OF MEDICAL EXAMINERS P.O. Box 7238 Reno, Nevada 89510 Phone (775) 6 Physical Address: 1105 Terminal Way, Ste. 301 Ren		pard Use Only)	File No
Present Legal Name Last	First	Middle	Maiden
List any other name ever used		M. (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	
Business and/or Mailing Address Street	City	County	State Zip
Home Address Street	City	County	State Zip
4. Telephone Number _()Office			
Office Cellular Number (Optional)			
Date of Birth(Month – Day – Year) Citizenship: U.S. Citizen Alien Registration	Place of Birth	(City – State – Country)	GenderFM
Submit a certified copy of birth certificate or orig and back of your alien registration card, Employment change (marriage license, divorce decree, etc) must 7. Social Security Number *	nt Authorization or Visa. <u>Please no</u> be included.	ote: Copy of the document auth	orizing your name
NRS 630.165(3) An application submitted pursuant to s NRS 630.165(5) The applicant bears the burden of provin For the purposes of the following	g and documenting his qualifications	for licensure.	
"Ability to practice as a perfusionist" is to be con 1. The cognitive capacity to make appropriate developments; 2. The ability to communicate those judgments	nstrued to include all of the following clinical diagnoses and exercise reaso	: oned medical judgments and to learn	and keep abreast of medical
devices, such as voice amplifiers; and 3. The physical capability to perform medica devices, such as corrective lenses or hearing aids.	l tasks such as physician examination	on and surgical procedures, with o	r without the use of aids or
"Medical condition" includes physiological, mental o	r psychological condition or disorder	:	
"Chemical substances" is to be construed to include medical purposes and in accordance with the prescriber		uding those taken pursuant to a val	id prescription for legitimate
FOR ALL "YES" RESPONSES YOUR WRITTEN EXPLAN		•	

YOUR COMPLETED APPLICATION FOR LICENSURE FORM.

8. Do you currently have a medical condition which in any way impairs or limits your ability to practice as a perfusionist with reasonable skill and safety? Yes No 9. If you currently have a medical condition which in any way impairs or limits your ability to practice as a perfusionist, is that impairment or limitation reduced or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice? _Yes___No 10. If you currently use chemical substances, does your use in any way impair or limit your ability to practice as a perfusionist with reasonable skill and safety? __Yes__ 11. Have you failed to initiate the performance of public service within one year after the date the public service is required to begin to satisfy a requirement of your receiving a loan or scholarship from the federal government or a state or local government for your medical education? Yes 12. Have you EVER been named as a defendant, or been requested to respond as a defendant or potential defendant, to a legal action involving professional liability (malpractice?) (If "Yes," attach explanation on separate sheet.) (IF ANSWER IS "YES", YOU MUST COMPLETE FORM B AND FORM 4 – see __Yes ____No Application Checklist.) 12a. Have you had a professional liability (malpractice) claim paid on your behalf, or paid such a claim yourself (Including any military tort claims if applicable)?

final disposition was dismissal, sealing of a r	ecord, or expungement. (If "Yes	.," attach explanation on separate sheet.	on or arrest, including those where the YesNo		
13a. Have you been arrested, investigated fo listed in question #13? *Please note that you record, or expungement. (If "Yes," attach ex	MUST disclose ANY investigation				
14. Have you previously applied for perfusionist licensure in Nevada?Yes					
(All information <u>must</u> begin	on the application, if m	ore space is needed, please a	tach separate sheet.)		
15. List all schools attended (including high s Name	school), type of degree received a City/State	and dates of attendance. Type of Degree Received	Dates of Attendance From (Mo/Yr) To (Mo/Yr)		
		·			
16. Perfusionist Certificate / Degree granted	by:				
Perfusionist School	City / State		Exact Date of Issuance		
17. Account for, in chronological order, all act PERIODS OF TIME MUST BE ACCOUNTED		other non-professional activities) since gra	duation from Perfusionist School. ALL		
Activities	Location (City/S	State/Country)	From (Mo./Yr.) To (Mo./Yr.)		
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(All information mu	st begin on the application, if mo	re space is needed, please attach sepai	ate sneet.)		
(All Information mu 18. List any and all licenses (including training State/Territory	g licenses and permits) YOU HOL		,		
List any and all licenses (including training State/Territory State/Territory 19. List below the requested information for a	g licenses and permits) YOU HOL License # Date	D OR HAVE HELD to practice as a perfu of Issuance	sionist in any state, territory or country. Dates of Practice From (Mo/Yr) To (Mo/Yr) ER BEEN a staff member at any level		
18. List any and all licenses (including training State/Territory 19. List below the requested information for a during the last ten years. If none, please indi	g licenses and permits) YOU HOL License # Date	D OR HAVE HELD to practice as a perfu of Issuance	sionist in any state, territory or country. Dates of Practice From (Mo/Yr) To (Mo/Yr)		
18. List any and all licenses (including training State/Territory 19. List below the requested information for a during the last ten years. If none, please indi	g licenses and permits) YOU HOL License # Date Il hospitals or surgery centers in vicate.	D OR HAVE HELD to practice as a perfu of Issuance	sionist in any state, territory or country. Dates of Practice From (Mo/Yr) To (Mo/Yr) ER BEEN a staff member at any level Dates of Appointment		
18. List any and all licenses (including training State/Territory 19. List below the requested information for a during the last ten years. If none, please indi	g licenses and permits) YOU HOL License # Date Il hospitals or surgery centers in vicate. In plete Mailing Address	D OR HAVE HELD to practice as a perfu of Issuance	sionist in any state, territory or country. Dates of Practice From (Mo/Yr) To (Mo/Yr) ER BEEN a staff member at any level Dates of Appointment From (Mo./Yr.) To (Mo./Yr.)		
18. List any and all licenses (including training State/Territory 19. List below the requested information for a during the last ten years. If none, please indi Hospital Con (All information r	g licenses and permits) YOU HOL License # Date Il hospitals or surgery centers in vicate. Inplete Mailing Address must begin on the application, if r	D OR HAVE HELD to practice as a perfu of Issuance which you ARE employed, OR HAVE EV	sionist in any state, territory or country. Dates of Practice From (Mo/Yr) To (Mo/Yr) ER BEEN a staff member at any level Dates of Appointment From (Mo./Yr.) To (Mo./Yr.)		
18. List any and all licenses (including training State/Territory 19. List below the requested information for a during the last ten years. If none, please indi Hospital Con	g licenses and permits) YOU HOL License # Date Il hospitals or surgery centers in vicate. Inplete Mailing Address must begin on the application, if run Board of Cardiovascular Perfu	D OR HAVE HELD to practice as a perfu of Issuance which you ARE employed, OR HAVE EV more space is needed, please attach se sion?	sionist in any state, territory or country. Dates of Practice From (Mo/Yr) To (Mo/Yr) ER BEEN a staff member at any level Dates of Appointment From (Mo./Yr.) To (Mo./Yr.)		

22. Have you ever had a perf restricted in any state, country		nse or certificate to practice in any other healing art, re	evoked, suspended, limited, orNo			
23. Have you ever voluntarily	23. Have you ever voluntarily surrendered a license or certificate to practice as a perfusionist, or in any other healing art, in any state, country or U.S. territory?YesNo					
24. Have you ever failed the	ABCP examination, or any state or o	ther jurisdiction examination for certification as a perfu	usionist?YesNo			
25. Have you ever been: a) asked to respond to an investigation; b) notified that you were under investigation for; c) investigated for; d) charged with; or e) convicted of any violation of a statute, rule or regulation governing your practice as a perfusionist by any medical licensing board, hospital, medical society, governmental entity or other agency other than the Nevada State Board of Medical Examiners?						
any medical staff in lieu of disc		spended, limited, revoked or not renewed by the hospi ease Note: Do not include suspensions or restrictions for required malpractice insurance).				
Hospital	Mailing Address	Type of Action	Dates of Action From (Mo./Yr.) To (Mo./Yr.)			
	(If more space	e is needed, please attach separate sheet .)	:			
CHILD SUPPORT STA	<u>TEMENT</u>					
support of a child. You are acfalse, fraudulent, misleading,	dvised that this questions is part of yo	ance of a license be required to provide the following our application, your response is given under oath, ar t in your application being denied. You must mark on pplication.	nd any response hereto which is			
Please place a check i	mark next to one of the follo	owing statements:				
(a) I am not subject	to a court order for the support of a	child;				
		e or more children and am in compliance with the ord the order for the repayment of the amount owed purs				
		more children and am NOT in compliance with the ordent of the amount owed pursuant to the order.	ler or a plan approved by the district			
			hairan dalah sasaran dan sasaran da sasaran			
separate attached pages are to course of instruction and exar	rue and correct, that I am the person	de in the above application as well as any and all fur named in the credentials to be submitted, and that the ntation. I understand that if any of my responses on the will be denied.	e same were procured in the regular			
		(signature of applicant)	(date)			
(NOTAD)	V CEAL)	State of County of				
(NOTAR)	Y SEAL)	Subscribed and sworn to before me	this day of			
			, 2			
		Ву:				
		Notary Public for the State of				
		My Commission Expires:				
		Residing at:	<u> </u>			
		Signature of Notary:	110000000000000000000000000000000000000			

APPLICANT PHOTOGRAPH:

ATTACH A FINISHED PHOTOGRAPH OF PASSPORT QUALITY OF YOUR HEAD AND SHOULDERS ONLY.

PHOTOGRAPH MUST HAVE BEEN TAKEN WITHIN
THE LAST SIXTY (60) DAYS AND BE AT LEAST
2" x 2" IN SIZE.

SIGN THE PHOTOGRAPH IN INK ACROSS THE
LOWER PORTION OF ITS FRONT SIDE.

PROOF PHOTOS AND NEGATIVES
ARE NOT ACCEPTABLE.

I hereby certify that the attached photograph is a true likeness of myself taken within the last sixty (60) days.

(signature of applicant) (date)

RELEASE

I hereby authorize all hospitals, medical institutions or organizations, my references, personal physicians, employers (past and present) business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Nevada State Board of Medical Examiners any information, files or records required by the Nevada State Board of Medical Examiners for its evaluation of my professional, ethical and physical and mental qualifications for licensure in the state of Nevada.

DATED this	day of		, 2
(NOTARY SEAL)		State of County of	
		Subscribed and sworn to before	me this
		day of	, 2
		Ву:	
		Notary Public for State of:	
		My Commission Expires:	
		Residing at:	
		City	State
		Signature of Notary	

A photocopy of this form will serve as an original.

Please return completed form to:

Nevada State Board of Medical Examiners P.O. Box 7238 Reno, NV 89510 or

1105 Terminal Way, Ste. 301 Reno, NV 89502

LIST OF MALPRACTICE INSURANCE CARRIERS

If you answered affirmatively to question #12 on the Application for Licensure, list all malpractice carriers, past and present.

Insured Perfusionist Name Insurance Company: Address:	
Phone Number: Fax Number: Policy Number: Dates:	
Insurance Company: Address:	
Phone Number: Fax Number: Policy Number: Dates:	
Insurance Company: Address:	
Phone Number: Fax Number: Policy Number: Dates:	
Insurance Company: Address:	
Phone Number: Fax Number: Policy Number: Dates:	

(If more space is needed, please copy this page or attach a separate sheet.)

NEVADA STATE BOARD OF MEDICAL EXAMINERS ABCP CERTIFICATION

The American Board of Cardiovascular Perfusion 207 North 25th Avenue Hattiesburg, MS 39401 601-582-2227 Fax 601-582-2271 www.abcp.org

1,		am in the process
	(name of applicant) sure in the state of Nevada and hereby the Nevada State Board of Medical Exa	authorize release of the
	(signa	ature of applicant)
	BCP and returned directly to the Neva	ada State Board of Medical
I, the undersigned, certify that _		
	name of applican y the American Board of Cardiovascula	
on: date issued		
certificate number		·
The above certificate is:	current, in good standing	not current.
Expiration date of current certific	cation:	·
	Signed and the institutional sea	al affixed this:
	day of	, 2
(Affix seal here)	By:(typed name and title	of certifying agent)

Completed form is to be returned by the verifying institution directly to:

Nevada State Board of Medical Examiners P.O. Box 7238 Reno, NV 89510

(signature of certifying agent)

(775) 688 – 2559

FORM 2

NEVADA STATE BOARD OF MEDICAL EXAMINERS PERFUSIONIST EDUCATION VERIFICATION

certify that			· · · · · · · · · · · · · · · · · · ·	
DOB:	(name of a			
			TO THE THE THE TOTAL PROPERTY OF THE	
The following	information to be	completed by p	rogram only!	
was enrolled in:	(name of	school/program)		
ocated at:	/1	-4		
	(comple	ete address)		
rom:(date of enrollment for Per	,	to		
(date of enrollment for Per	fusionist Degree)	(ending date of	attendance for Perfusionist Degree)	
he applicant was granted:	Perfusio	onist Certificate		
The opposite state granters		Perfusionist Degree		
	Bachelo	or's Degree		
	Combin	Combined Perfusionist/Bachelor's Degree		
	Combin	ed Perfusionist/M	asters Degree	
		lease attach expla		
		·	,	
n theday of				
(day)	(month)		(year)	
IOTE: If any portion of the	is form is deleted o	or modified, please	e attach an explanation.	
	Sign	ed and the institu	tional seal affixed this	
	_	day of	, 2	
Affix seal here	By:		of President, Registrar or Dean)	
	, -	(typed name and title	of President, Registrar or Dean)	
	AND Control of the Control			
		(signature of Pres	ident, Registrar or Dean)	

Completed form is to be returned by the verifying institution directly to:

Nevada State Board of Medical Examiners

P.O. Box 7238 Reno, NV 89510 (775) 688 – 2559

FORM 3

NEVADA STATE BOARD OF MEDICAL EXAMINERS VERIFICATION OF STATE LICENSURE/CERTIFICATION

PART 1 – TO BE COMPLETED BY APPLICANT

Printed Name of Applicant:					
Address:					
Address:(street)	(apt. or suite #)		(city)	(state)	(zip)
Date of Birth:(month) (day) (year)					
(month) (day) (year)					
I am in the process of applying for perfinformation directly to the Nevada State				e release of the	following
			(signature of applic	cant)	
PART 2 – TO BE COMPLETED BY L	ICENSING AGENCY ar	nd returned dire	ctly to the Nevad	a State Board o	f
Medical Examiners					
I certify that	(name o	f applicant)			was
granted license/certificate number	by	tne state of	on	(date of issuance)	
on the basis of(examination: I	NCCPA / State Licensing/Cer	tifying examination)	·		
I certify that the above license/certificat	te is: cui	rent, in good sta	nding		
·	not	t current, due to r	non-payment of fee	es	
	sul	oject to pending o	disciplinary charge	S Gantina na mandin	_
	sui	oject to restriction ier (please attach	n of licensure/certit n explanation)	ncation or practic	e ·
I certify that the records in this office in holder of this license/certificate.	dicate that there are no	t now nor have th	nere ever been any	/ charges filed ag	jainst the
NOTE: If any portion of this form is d	eleted or modified, plea	se attach an exp	lanation.		
• •		·			
					
		(SI	gnature of certifyir	ig individual)	
			(title of certifying i	ndividual)	
		(li	censing/certifying	agency name)	

Completed form is to be returned by the verifying institution directly to:

Nevada State Board of Medical Examiners

P.O. Box 7238 Reno, NV 89510 (775) 688 - 2559 If you answered affirmatively to question #12 or #12a on the Application for Licensure, submit this form to all malpractice carriers. If more than one malpractice carrier, photocopies of this blank form may be made and used.

FORM 4

MALPRACTICE CLAIM VERIFICATION REQUEST

Name of Insuran Address:	nce Company:			
Phone:		Fax:		
	(To be completed by			
Policy Period Fron	n:To:	· · · · · · · · · · · · · · · · · · ·	The state of the s	
** [*] **Please pro	vide a loss history report wi	ith this verification	on.	
Name of Insure				
Perfusionist:				
Policy Number:				
Policy Period Fro	om:	Το·		
Claims Experie	nce:			
	onist had a settlement paid on	his/her behalf?		
No				
If "yes", please p	provide the following information	on:		
Occurrence			Indemnity	
Date	Status	Date Closed	Amount	
Occurrence Date	Status	Date Closed	Indemnity Amount	
Description of Claim:				
Insurance Carrier Agent: Print Name and Title Telephone		release any info	RELEASE rize the above named institution to ormation, files, or records required State Board of Medical Examiners the State of Nevada.	
		Perfusionist (ann	Perfusionist (applicant) signature and date Subscribed and sworn to before me thisday	
		Subscribed and		
Signature of Agent		of, 200		
	ompleted form to:	1	By: Notary Public for State of:	
Nevada State Board	of Medical Examiners o, NV 89510 (Mailing Address) , Ste. 301	My Commission	n Expires:	
Phone: (775) 688-25	· •	Signature and S	Seal of Notary Public	